

ADDENDUM TO COLLABORATIVE PLAN

Physician Assistant

Primary Collaborating Physician

Instructions: Print or type. Use this form to add additional alternate collaborating physicians and attach to the plan between the PA-C and the physician shown above.

ALTERNATE COLLABORATING PHYSICIAN'S STATEMENT

I hereby certify that I am familiar with the statutes and regulations of the State of Alaska governing the activities and responsibilities of a collaborating physician and that I will fulfill those responsibilities in this collaborative agreement in the absence of the primary collaborating physician. In entering into this agreement as alternate collaborating physician, I accept professional or employer liability to patients of the physician assistant for whom malpractice is adjudged. I have retained a copy of this agreement for my records. I will also maintain and make available for audit by the State of Alaska any performance assessment records which are generated as a result of this collaborative agreement in my capacity as alternate collaborating physician.

1 Add Delete No Change

Signature	Date
Printed Name	AK License No.
Address City State Zip	Telephone

2 Add Delete No Change

Signature	Date
Printed Name	AK License No.
Address City State Zip	Telephone

3 Add Delete No Change

Signature	Date
Printed Name	AK License No.
Address City State Zip	Telephone

4 Add Delete No Change

Signature	Date
Printed Name	AK License No.
Address City State Zip	Telephone